## FCC 395

SECTION 1 - General Information

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent InterBel Telephone Cooperative, Inc. P.O. Box 648 Eureka, MT 59917												is a	Check here if this is a change of address.			
2. Year Report Filed	Period (End	ling Date of Pa	ay		4. Number of Full-Time Employees during Selected											
2018				ary 31,				Reporting Period (check one): a.								
SECTION II - Full-Time Employ	yees.															15 77 35
	-	Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												Total
						Ma	ale			Female						Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	н	Ī	J	к	L	м	N	0
Executive/Senior Level Officials and Managers	1.1			2						1						3
First/Mid-Level Officials and Managers	1.2			4						1						5
Professionals	2												7,			0
Technicians	3	1		7												8
Sales Workers	4															0
Administrative Support Workers	5									6						6
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8	200		1												1
Service Workers	9															0
TOTAL	10	1	0	14	0	0	0	0	0	8	0	0	0	0	0	23
PREVIOUS YEAR TOTAL	11															0

FCC 395 Revised December 2007

PEG TIGHT III T GITT TIME EMP		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												Total
		La	ano,	Male									Female			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3									1						1
Sales Workers	4															0
Administrative Support Workers	5									1						1
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Disc	rimina	ation Compl	aints Pursua	ant to 47 CFF	22.321, 23.5	5, 90.168, 101	1.4, and 101	.311.								
This is to advise to company before a This is to advise to (Attach a list indice	iny bo he Co	ody having co mmission th	empetent juris at the followin	diction in suc ng complaints	h matters duri alleging viola	ing the calendations of the pro	ar year cove ovisions of a	red by this rep ny equal empl	oort. oyment opport	tunity statute	have been fil	ed against this	company.			
SECTION V - Certification																
I certify that to the best of my k  Date					ents in this rep	port are true a	Programma to the									
05/18/2018			Name of Pers Wilson		Signature								Telephone No. 406-889-1075			
Title of Person Signing GM/CEO		WILLFULLY FALSE STATEMENTS MADE ON THE FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOIO OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).										EVOCATION				